Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☐ Alteration ☒ Modified Plot Plan ☐

New Septic Fees Paid

IP ($250.00) _____ Initials/Date

CA ($200.00) 4/30/18 LE Initials/Date

OP ($200.00) 4/30/18 LE Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) LE 4/30/18 Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☒ JAM OK To generate CA

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☒ 5/29/19 Well file completed. ☐ _____

Send permit for signature. ☑ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

Septic file Complete. O.K. to scan into Onbase.

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ◉ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ◉ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

18353 #9603

30 APR '18 AM11:07

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00329204

STREET ADDRESS: 1915 Charden Road

CITY: Davidson

STATE: NC ZIP: 28036

SUBDIVISION NAME: n/a

LOT #: n/a LOT SIZE (acres): 1 acre

TOWNSHIP:

○ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
◉ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
◉ HOUSE ○ OTHER

HEATED SQUARE FOOTAGE: 2895

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 4

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
◉ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 0

NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER

8A. **RANK:** 1 ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Mike Boling

ADDRESS: 1915 Charden Road

CITY: Davidson

STATE: NC ZIP: 28036

WORK PHONE: _____

MOBILE PHONE: 703-582-5965

FAX: _____

E-MAIL: _____

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: Wyatt Clark

ADDRESS: 127-E Promenade Drive

CITY: Mooresville

STATE: NC ZIP: 28117

WORK PHONE: _____

MOBILE PHONE: 704-808-1909

FAX: _____

E-MAIL: wclarkjr@waccontracting.com

info@waccontracting.com

heatner

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted. Complete site plan 60 months, complete plat = non-expiring. WAC (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Wyatt Clark _____ 4/27/18

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

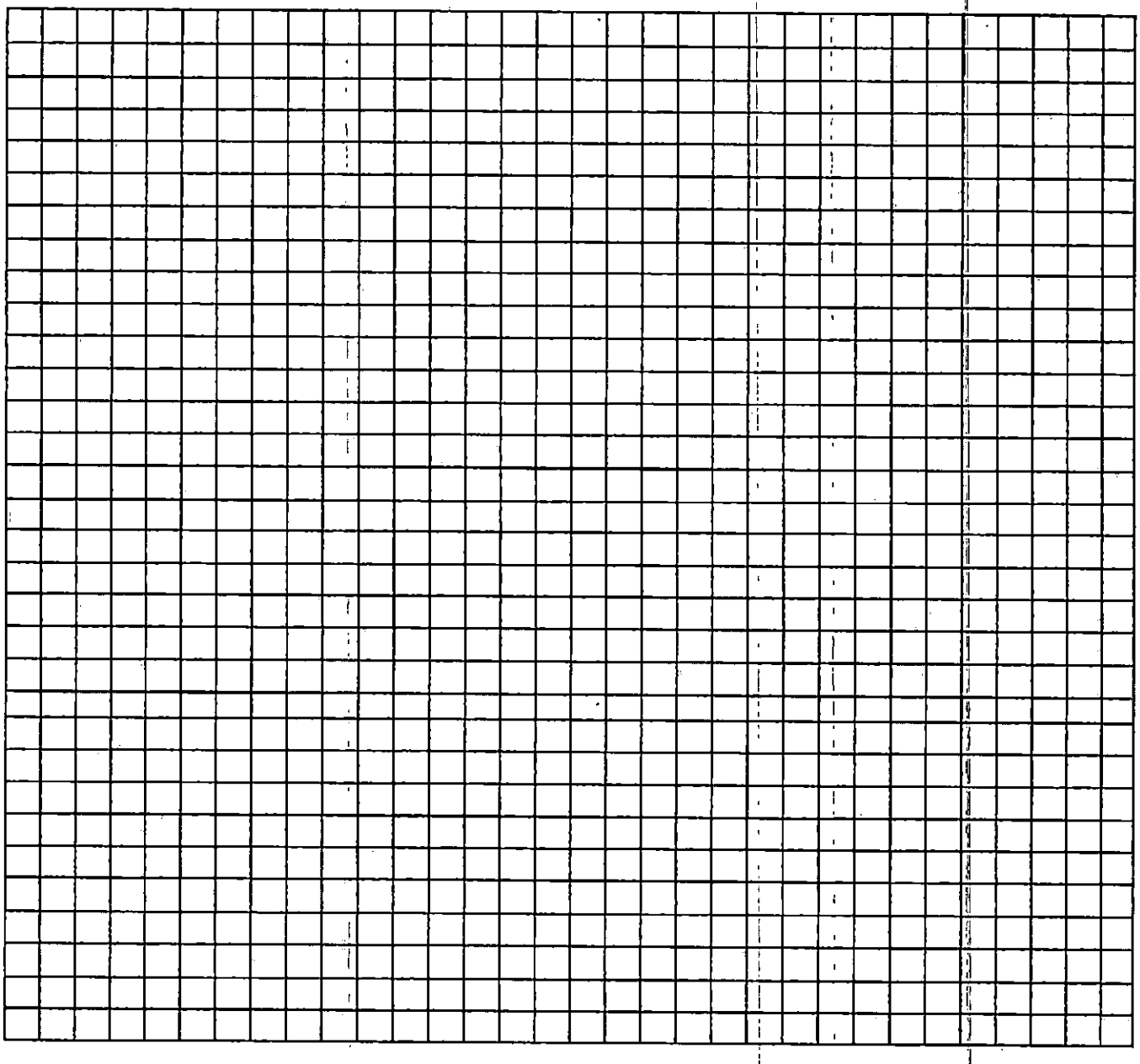
COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Street Address: _____ Tax Parcel #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980-314-1680, FAX: 704-336-6894
Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18353 Permit #: 1050 Tax Parcel #: 003-292-04

Property Owner: BEN GEISLER

Job Location Address: 1915 CHARDEN ROAD

City: DAVIDSON State: NC Zip Code: 28036

Operation Permit Issuance Date: 5/16/07 Contractor Name: R+H

Permitted Design Flow: 480 GPD

Liquid Capacity of Septic Tank: 1500 gallons (Existing)

Liquid Capacity of Dosing Tank: 1000 gallons (Existing)

Effluent Pump Model: MYERS .50 (Existing)

Drainfield Installation ☐ N/A

Trench Depth: 30 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 400 feet

# of Lines: 4 @ 100 feet

Depth of Media: 12 inches (Type) CHAMBER

Depth of Cover: 18 inches

Distribution Device: PRESSURE MANIFOLD

Bed Installation *(For Repair Installations ONLY.)* ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☒ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >100' feet

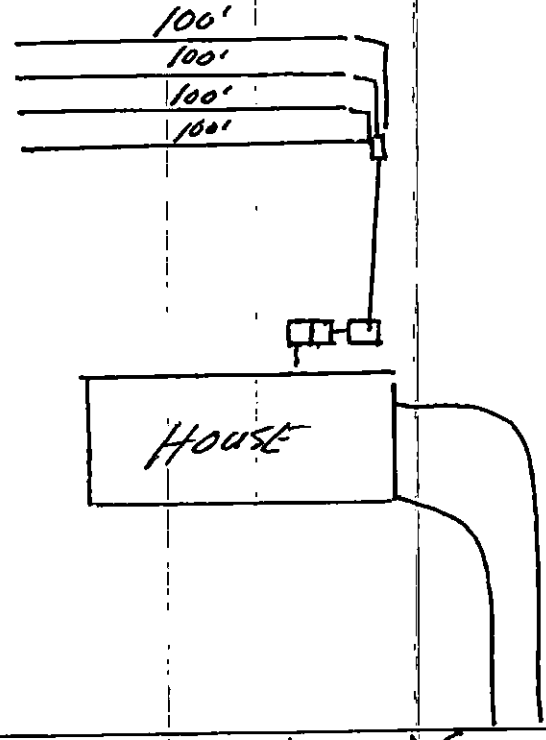
Inspection Dates

Tank(s) Inspected: Existing

Excavation Inspected: 5/16/07

Pump & Controls Inspected: Existing

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



☒ The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☒ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: III-b Pump to 25% Reduction System

→ Back Yard graded down and system re-installed. 1937(i) Maintenance agreement

DENR Authorized Agent: Jeremy Mecklenburg, R.S. Signature: Jeremy Mecklenburg, R.S.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/30/18
Receipt #: 110929
Check / Auth #: VISA 07521C
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CLARK, DIANNE
Attn:
Address: 127-E PROMENADE DR
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	Septic Alteration Permit 1915 CHARDEN ROAD		1	200.00	200.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
DIANNE CLARK

Bill To:

DIANNE CLARK
127-E PROMENADE DR

Mooresville, NC 28117

Single Payment

Transaction Date: 04/30/2018 7:02 AM Pacific Time
Pay Method: VISA **********3269
Approval #: 07521C
Trace Number: fc617ad9-b9bf-4bc4-886e-e05ab207dd71
Amount: $200.00

Payment Amount: $200.00

Total: $200.00

Thank you for your payment.

FEE: 200.00
DATE: 5/2/2018

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 18353

PERMIT NUMBER: 18353

PARCEL NUMBER: 00329204

JOB LOCATION INFORMATION

ADDRESS: 1915 CHARDEN RD

CITY: DAVIDSON **STATE: NC** **ZIP:** 28036

ISSUED TO: MIKE BOLING

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 5/1/2018

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30009603, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature Kim Yarnell REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St, Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30009603 GWS File #: 18353 Tax Parcel #: 003-292-04

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 5/1/2023

Type of Installation: Residential - Alteration Lot Number: 0

Structure Type: HOUSE Size (ft^2): 2895 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Pump to Accepted **System Classification:** IIIb

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

Installation of new tank only

III. Repair System Type: Pump to Accepted **System Classification:** N/A

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	.3	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	900	Total Trench Length (ft):	300
Maximum Trench Depth (in):	30	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: Wyatt Clark
Print Name

Signature: Kim Garrett Signature: Wyatt Clark

Date Issued: 5/1/2018

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-5894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30009603 GWS File #: 18353

IV. Permit Conditions/Comments:

- This type of septic system requires an inspection once every 5 years by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.
- The septic system shall be located at least 10 feet from any foundation drain.

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment and Disposal Systems* and is subject to the following provisions:

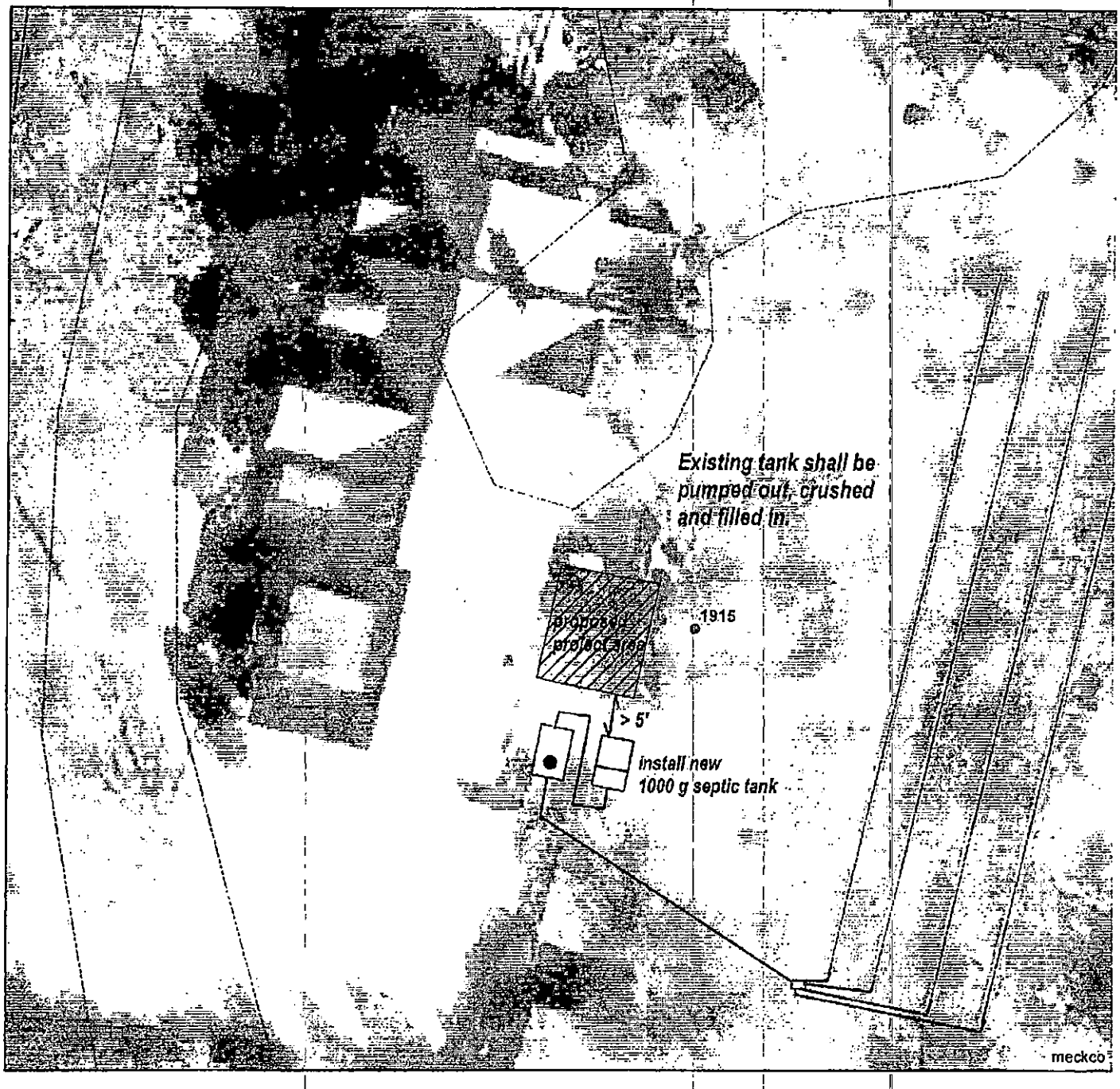
- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Kim Garrett Owner/Legal Agent: Wyatt Clark
Print Name

Signature: Kim Garrett, REHS Signature: Wyatt Clark

Date Issued: 5/1/2018

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009603
PID #: 003-292-04
File #: 18353

Authorized Agent: Woodworth Wells Date: 5/1/18

Owner/ Legal Agent: [signature] Date: 5/31/18

1 inch = 20 feet

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 30009603
PID #: 003-292-04
File #: 18353

Authorized Agent: Kim Garnett REHS Date: 5/1/18

Owner/Legal Agent: _____ Date: _____

1 inch = 20 feet

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 18353 App # 30009593 Tax Parcel # 003292-04

Property Owner: Michael & Carrie Bolling

Job Location Address: 1915 Craden Rd

City: Davidson State: NC Zip Code: 28036

1. Does System design match facility, flow & wastewater characteristics?

   ☒ YES ☐ NO

   Comments: _____

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☒ YES ☐ NO

   Comments: _____

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒ YES ☐ NO

   Comments: _____

* If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Kim Kenneth Reis — Authorized Agent

4/26/18 — Date

Wyatt Clark — Others Present

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 18353 Permit #: 30009593 Tax Parcel #: 00329204

Property Owner: Michael & Carrie Balling

Job Location Address: 1915 Carden Rd

City: Davidson State: NC Zip Code: 28036

Operation Permit Issuance Date: 4/26/18 **Contractor Name:** H-I Backhoe - Dennis Galliher #1071

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: n/a gallons

Liquid Capacity of Septic Tank: 1000 gallons Manufacture Dellinger Effluent Pump Model: n/a

Drainfield Installation ☒ N/A
Trench Depth: ____ inches
Trench Width: ____ feet
Line Spacing: ____ feet (O.C.)
Total line length: ____ feet
# of Lines: ____ @ ____ feet
Depth of Media: ____ inches (Type) ____
Depth of Cover: ____ inches
Distribution Device: ____

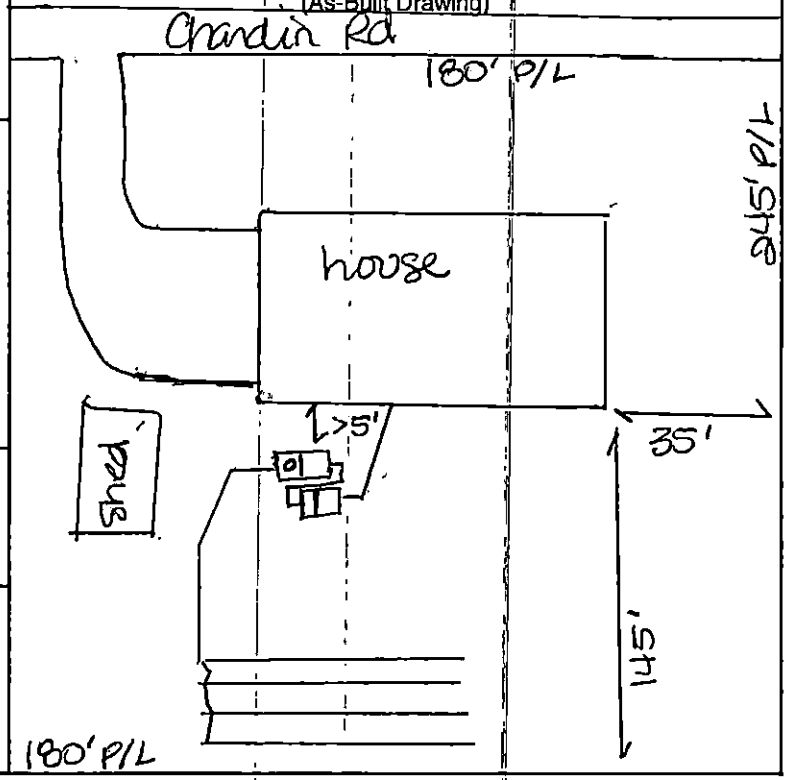
Bed Installation (For Repair Installations ONLY) ☒ N/A
Bed Depth: ____ inches
Bed Width: ____ feet
Total line length: ____ feet
# of Lines: ____ @ ____ feet
Depth of Media: ____ inches (Type) ____
Depth of Cover: ____ inches
Distribution Device: ____

Water Supply Source
☐ Municipal ☒ Private Well ☐ Community Well
☐ Other ____

System Installation Setbacks
Distance from Building Foundation: >5 feet
Distance from Property Line: >10 feet
Distance from Water Supply Source: >50 feet

Inspection Dates
Tank(s) Inspected: 4/26/18
Excavation Inspected: n/a
Pump & Controls Inspected: n/a

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)



The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☒ altered ☐ repaired ☒ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments" This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: IIIb, Alteration - new 1000g septic tank installed.

DENR Authorized Agent: Kim Garrett, REHS Signature: Kim Garrett, REHS

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 10353 Permit #: 30009593 Tax Parcel #: 00339204

Property Owner: Michael & Carrie Bolling

Job Location Address: 915 Charden Rd

City: Davidson State: NC Zip Code: 28036

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: II b

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961, and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Kim Garrett, REHS Date: 4/26/18

Signature: Kim Garrett, REHS

18353 #953

23 APR '18 PM 4:14

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: WAC Contracting
ADDRESS: 127 E. Promenade Dr.
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 704. 799. 1752
ALTERNATE PHONE: 704-361-1085 (Wyatt
E-MAIL: info@waccontracting.com wclarksr@wac

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Mike & Carrie Bolling
ADDRESS: 1915 Charden Rd.
CITY: Davidson
STATE: NC ZIP: 28036
PHONE:
ALTERNATE PHONE: —
E-MAIL: —

JOB LOCATION INFORMATION
TAX PARCEL #: 003292 04
STREET ADDRESS: 1915 Charden Rd.
CITY: Davidson
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT #: N/A

WATER SUPPLY:
( ) MUNICIPAL (●) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: (■) N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☒ KITCHEN ■ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ■ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

4-23-18
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

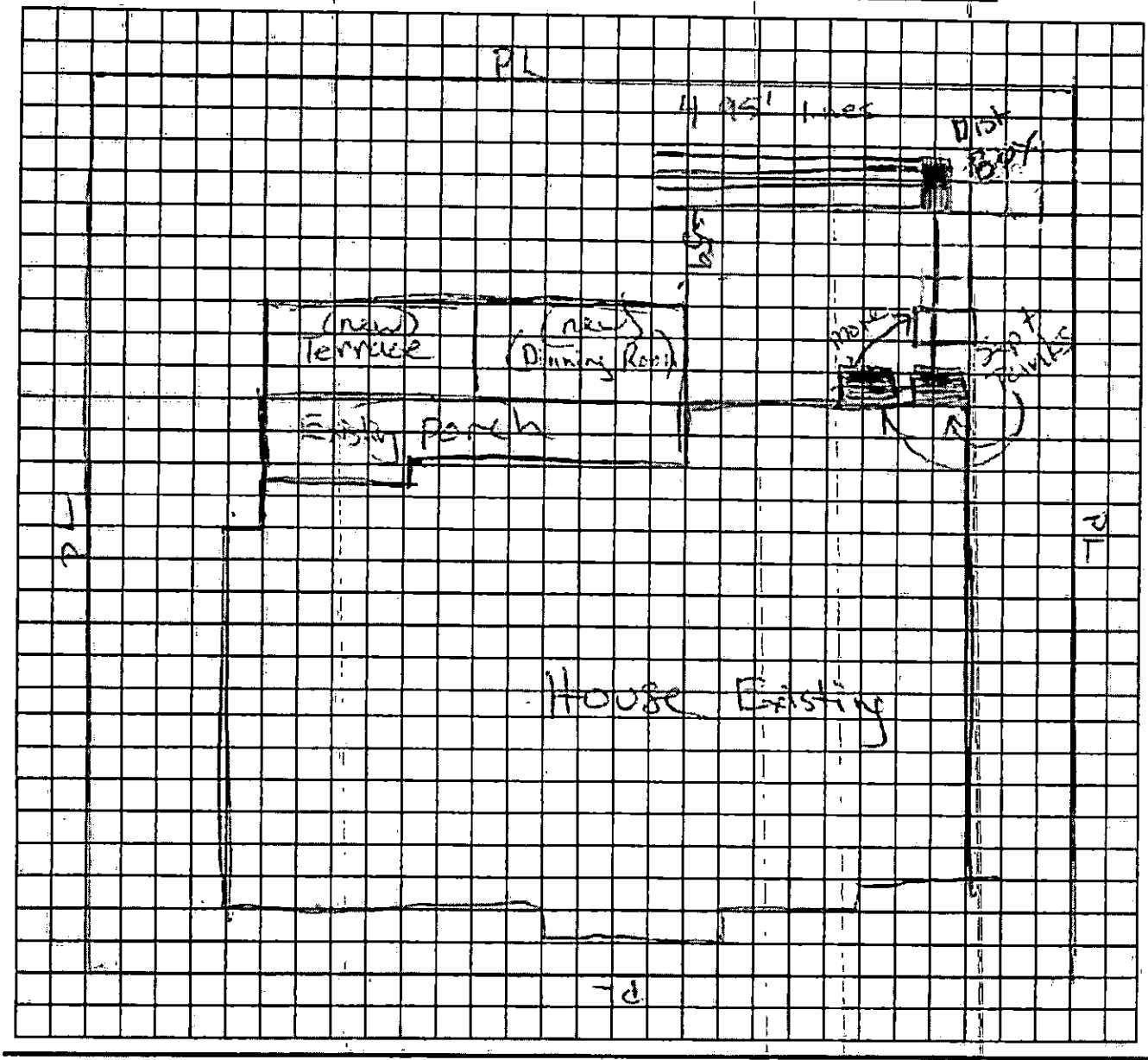
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 1915 Chardon rd Davidson Tax Parcel #: 00329204



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Use existing application denied.

Kim Yarnell 5/1/18

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103. FAX: 704-336-6894

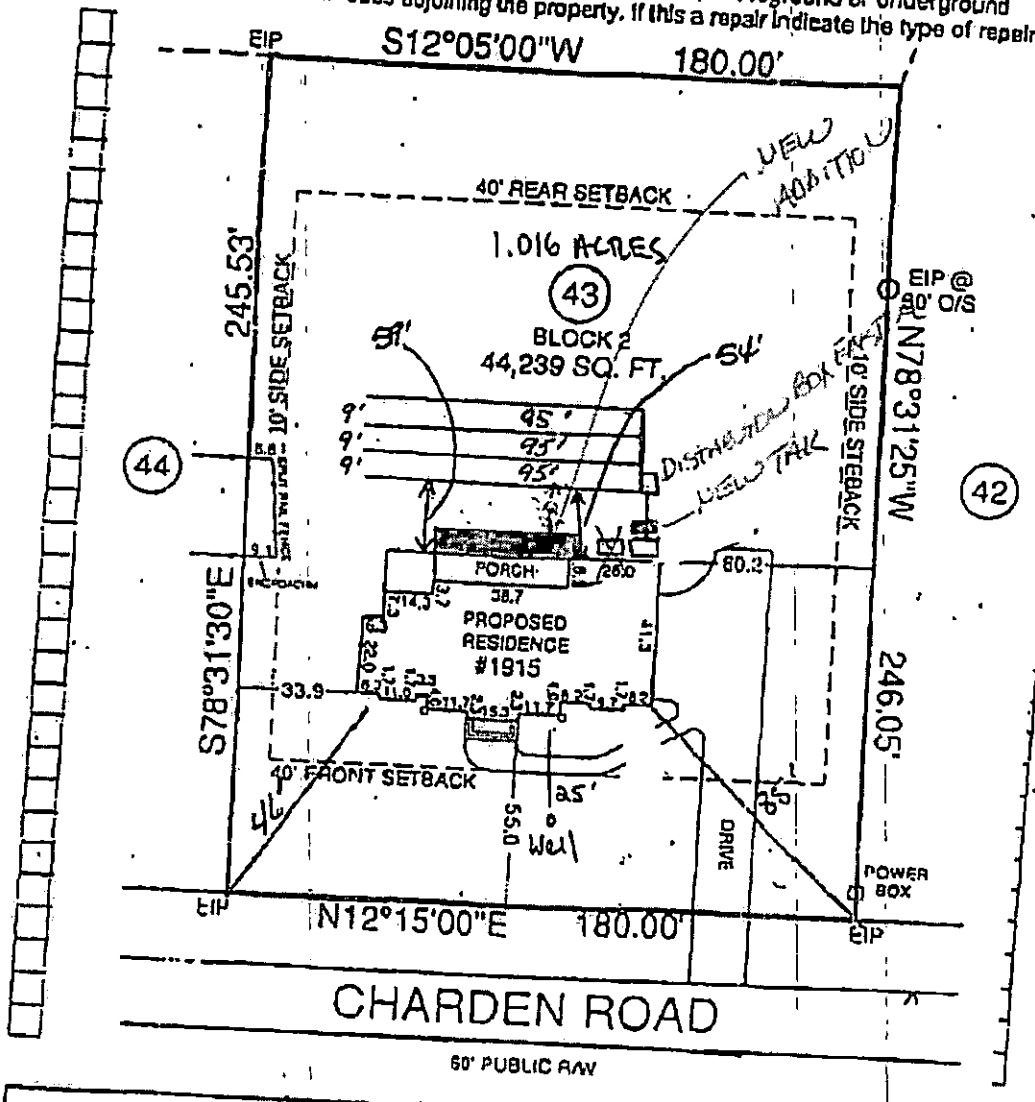
Revised on: 01/03/11

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #
Date

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date 1/29/07

1" = 50

1915 Charden.
System design flo
480 GPD.
Site LTAR, 325.
Type IIIg innovati
System w/25%
reduction.
1500 gallon septic t
1000 gallon pump
Pressure manifold
4 lines @ 95' each
Lines level & on con

Setbacks

10' from all proper
lines
5' from house
foundation
100' (50' min) from
any well

Note: Desire is to keep the drain field in same general location, but lower approx. 36" per conversations. LBC 12/15/04

704 432 2529

LUBSH NORTH

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/24/18
Receipt #: 110850
Check / Auth #: VISA 031298
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: CLARK, WYATT
Attn:
Address: 127 E PROMENADE DR
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 1915 CHARDEN ROAD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: WYATT CLARK

Bill To:

WYATT CLARK
127 E PROMENADE DR

Mooresville, NC 28117

Single Payment

Transaction Date: 04/24/2018 11:08 AM Pacific Time
Pay Method: VISA **********4468
Approval #: 031298
Trace Number: 49c5eae2-73ae-4bf4-9a25-5e6ce304896b
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that WA Contracting Inc acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

1915 Charlen Rd Davidson
Number Street Town
(Or parcel Number)

Mike Boiling
Property Owner (print name)

Property Owner (signature)

4/24/18
Date

MECKLENBURG COUNTY
Health Department

Gibby Harris, MSPH, BSN
Health Director

(704) 336-4700

May 1, 2018

WAC Contracting
127 E Promenade Dr
Mooresville, NC 28217

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: **1915 Charden Road**
Health Department File Number: **18353**

Dear Property Owner or Owner's Agent:

On April 26, 2018 the Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated April 23, 2018 and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☒ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☐ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,

Kim Garrett

Kim Garrett, REHS
Environmental Specialist

Encl: (1) Application